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## Original Communications.

### Penetrating Wound of the Neck.

BY JOSEPH FITHIAN, M. D.,  
Of Woodbury, N. J.

The following case is reported, not because of its desperate character, but for the peculiar physiological phenomena consequent upon the incision.

On the evening of the 16th of October, Thos. Dilks, a young man 22 years of age was stabbed in the neck.

The instrument was a dirk knife about five inches long, and about three-quarters of an inch wide at the hilt. It entered a little below the half way of the neck, between the sterno-mastoid muscle and the trachea. The wound was obliquely across the neck, its course upward and inward. I saw him in two or three minutes after the accident. The blood was pouring out profusely; they had carried him from the street into the house and placed him upright in a chair; his head was swaying about, and he nearly or quite insensible; I grasped the parts, had him laid down and examined the wound. I passed my fore finger in nearly its whole length, along side of the trachea obliquely upwards and backwards, and passed it back of the wind-pipe.

As there were no per saltem jets, I of course supposed that no artery was cut.

On the lower edge of the incision, I could by pinching up the parts arrest the effusion of blood: a ligature was passed around the bleeding end, and the flow of blood was arrested. I then with a needle armed with a ligature, closed the wound by a continued suture; adhesive straps were drawn across it,

and ice applied to the parts. He rallied in the course of the night, next morning there was extensive infiltration of blood in the cellular tissue, filling out the neck and extending to the opposite side across the trachea; this, however, disappeared in about three days, being rapidly absorbed. Every thing went on favorably till the 25th; on that day he appeared so well that he was allowed to sit up an hour or two, after having had a severe paroxysm of pain in the opposite arm, which had troubled him very much from the first. He had a return of bleeding to the amount of half a pint or more. After careful examination, we could not find any vessel from which the blood issued, and supposed that some of the adhesions had been torn asunder by the twisting of his neck during the paroxysms of pain. It was again secured by a glover's suture, passing the needle under and over from below upwards; to secure the ends of the ligature, they were passed over the ends of a thin splint laid on the incision, and a little longer than the wound, and tied on the splint; straps of plaster were crossed upon the wound, and lint insinuated under the splint and upon the incision. We had no further trouble. On the 9th of November, he was removed to his home about four miles off.

Drs. Charles and Henry Clark were also in attendance. We supposed the vessel wounded was the anterior jugular, a vein of considerable size, that sometimes passes from the internal jugular across the neck. The carotid had a narrow escape, it was to be felt just on the external end of the incision.

The peculiarity of the case consists in the arm and hand of the opposite side being paralyzed. The only painful sensation he com-

plained of at the moment of the injury was in that extremity, and a difficulty of swallowing; he suffered from the first, and still suffers pain in that limb. He can use it, but imperfectly, and it is slightly shriveled, his voice too is weak and husky.

The difficulty is to account rationally for a wound on one side of the neck paralyzing the arm of the opposite side. Could the dirk have wounded some of the nerves issuing from the spinal cord that go to form the axillary plexus.

Since writing the above, I have seen a report of a case of February 18th, by Dr. Peace, in the *REPORTER*, which in some of its features is not dissimilar to the above, and equally inexplicable. I leave it to some of our savans to give the rationale.

### On Tuberculosis and its Treatment.

#### No. 5.

By GEO. J. ZIEGLER, M. D.,

Physician to the Home for Invalids, with Diseases of the Chest, Philadelphia.

*b. Physical Hygiene.*—Physical hygiene is all important in the treatment of tuberculosis; indeed it is indispensable for any degree of success either in the mitigation or entire removal of this affection. Its influence alone is sometimes sufficiently powerful to remove the tuberculosis and restore the healthy condition. It is therefore worthy of special study, but as it is too extensive to do full justice to it within the limits assigned to this essay, we shall not attempt to do more than present a general outline of the prominent principle and facts more immediately connected with the disease in question. With a view, therefore, to the better appreciation of the subject in its special relations to tuberculosis, we shall treat of the different branches separately, and endeavor to render them as definite, comprehensive, and practical as possible. First then among the objects of primary and fundamental importance is that of dietetics or aliment.

1. *Aliment.*—Certain elementary and basic substances are combined for the organization and development of the living body. In the

organic processes, however, a constant destruction and elimination of these component substances of the economy take place, and hence it is necessary to secure a regular and equable supply of this elementary matter to prevent the destruction and preserve the existence of the organism. To build up and keep in repair therefore the vital economy, a constant supply of these basic or component elements are required. But for the purpose of introducing this nutritive matter into the system, and of insuring its transformation and final incorporation with the economy, certain organs and processes are necessary. Hence, it is not only requisite that there should be a due supply of nutritive matter, but that it should be properly transformed and assimilated. These organic processes for the metamorphosis and vitalization of the food become, however, very frequently deranged, and constitute various forms of disease, prominent among which is tuberculosis. In the treatment of these diseases, therefore, and more especially the one just mentioned, it is necessary to pay particular attention to the subject of aliment and alimentation, in order to correct these derangements and restore the health.

The questions then involved in the dietetic management of tuberculosis, relate not only to the quantity and quality of the alimentary matter, but also to its digestibility and assimilability, as its immediate and ultimate metamorphosis and final organization is the great object in view. The main difficulty in tuberculosis is the failure of this transformation and organization, and hence it is essentially a disease of starvation. In consequence then of this state of dystrophia, the food should generally be composed of substances rich in nutritive matter, and capable of being readily transformed and assimilated. It should, moreover, contain a due proportion of the different varieties comprised in the albuminous, oleaginous, saccharine, and other forms of alimentary matter, requisite for the several organs, tissues and functions of the body. The quantity, quality, variety, and form of the materia alimentaria must, however, be governed by the various circumstances of age, temperament,

climate, idiosyncrasies, habits and modes of living, occupation, exercise, condition of digestive organs and general system, activity of the nutritive and depurative processes, stage, intensity and peculiarities of the disease and character of the morbid changes and complications, and other circumstances. Hence in the selection and adaptation of the food, special attention must be paid to the peculiar condition, general wants, and special requirements of the particular organism affected. Much harm may, however, result from an excess as well as from a deficiency of food, in overtaxing the digestive and other organs, and if digested, in overcharging the blood vessels, which thus receiving more than can be appropriated, eject it in the form of exudation. This may then undergo tuberculization and thus increase the intensity of the original disorder.

For alimentary purposes a great variety of articles, solid and liquid, animal and vegetable, nitrogenized and non-nitrogenized, may be resorted to with advantage. Among the most nutritive and valuable are the finer varieties of meat, poultry, game, fish etc. Also, eggs, milk, cream, butter, and various other articles of an albuminous and oleaginous nature. Also, the different varieties of amylaceous and saccharine substances, and more especially the latter as they do not, like the former, require so much transformation, and hence do not tax the economy to the same extent for their metamorphosis and appropriation. Resort may also be had to the acidulous and other fruits, according to the season and wants of the system, when not contra-indicated by the morbid condition of the alimentary canal and general system. Various other articles are also employed for alimentary purposes, a more particular notice of which in their special application to the tuberculous affection will be given hereafter.

The different articles of aliment may be so combined and prepared as to not only promote their metamorphosis, and supply in the highest degree, the wants of the economy, but also so as to prove useful in modifying the abnormal and in restoring the normal condition.

The best and most nutritious substances may, however, be rendered not only inefficient, but absolutely injurious, both to the digestive organs and general system, by faulty preparation. Hence it is highly essential that particular care should be taken in the preparation as well as in the selection of the food.

A very important point in the treatment of tuberculosis, and all other adynamic affections, in which the nutritive processes are much impaired and the vital forces low, is to introduce the alimentary matter in such a state, that it requires the minimum effort of the digestive organs and general economy to transform and appropriate it. Hence, special attention should be paid to the form in which food is introduced into the body, so as to insure both its immediate and ultimate metamorphosis and perfect assimilation, with the least expenditure of force. Thus, by the use of food in a finely divided and highly concentrated state, according to the necessities of the case, a much more equitable and harmonious action of the different organs may be secured, and much power be reserved for the various special and general purposes of the economy.

Much rich and valuable alimentary matter containing all the nutritive elements in a very favorable state for easy digestion and assimilation, might be readily obtained from sources which are now greatly neglected. This neglect is a consequence partly of education and partly of natural aversion, though doubtless still more of prejudice. If, therefore, these objections could be overcome, a very rich and nutritious aliment, especially for invalids, might be obtained from the blood of animals. This has been already effected to some extent, in the use of blood in the form of blood puddings. Its use might also be still further encouraged by its admixture with various amylaceous substances, or by the formation of an extractum sanguinis, like the ext. carnis. Still more benefit might be obtained from the use of the warm blood itself, as well as the warm milk, directly from the animal, as these contain the very quintessence of aliment, at a temperature most favorable, and in a state which would require the least effort for their digestion and

appropriation. These not only supply the solid, but also the liquid elements of nutritive matter, in a condition peculiarly suited to a state of debility of the digestive and assimilative organs. It is therefore a subject for practical consideration, whether the use of warm blood as well as of warm milk, directly from the animal, may not prove very useful adjuvants in the hygienic treatment of tuberculosis and all other diseases of an atrophic nature.

Of the nutritive value of warm blood immediately from the animal, there is no doubt, as it has been frequently resorted to as a means of obtaining food and sustaining life, and has also been employed to a limited extent in the treatment of disease. With regard to the advantages and nutritive importance of fresh warm milk, it is sufficient to refer to the fact that the young of the mammalia thus obtain all the pabulum requisite for support and growth for some time after birth. Besides, abundant evidence is presented of its value from its frequent employment for both hygienic and therapeutic purposes, in every period of life. Valentinarians should therefore be encouraged to resort more frequently to these promising agents for the relief of disease and the restoration of health.

Another liquid which forms an essential article of aliment, is water. This is, however, too frequently used to excess, especially by those predisposed to or afflicted with tuberculosis. This affection is very apt to be attended with inordinate thirst, dependent most probably upon the inefficient cell action and deficient secretion. The desire for this liquid should therefore be controlled as much as possible, as the large quantity usually taken debilitates the alimentary canal and interferes with healthy digestion and nutrition, and besides, unduly promotes disintegration. The excessive use of this and other liquids should therefore be carefully guarded against, and, when required, should be taken in small quantities at a time, and by sipping rather than in large and copious draughts. This morbid thirst may be partially alleviated by the use of saccharine, acidulous, or mucilaginous drinks; and, also, by

glycerine, either alone or in conjunction with other liquids.

Other articles in the liquid form, such as coffee and tea, are much employed for invigorating and nutritive purposes, and when not used so freely as to disturb the regular processes of the economy, may be of service in tuberculosis, in retarding destructive metamorphosis, and in giving support to the system. If, however, the view be correct that milk causes a precipitation of the active principles of these substances, and thus gives rise to nervous disturbances, they should be taken without the addition of that fluid. Indeed, milk might often be substituted with advantage for these beverages.

Various condimentary articles are also in common use, such as the peppers, mustard, and the different spices. As these are, however, so very apt to overstimulate the stomach, and increase the thirst, it is better not to use them habitually in tuberculosis, but merely to resort to them occasionally to aid the digestive organs and nutritive processes when they become unusually inert. Chloride of sodium is also another article in common use. It should be freely used, as it is not only a valuable aliment, but also a stimulant tonic and antiseptic. It is especially useful in promoting digestion, absorption, hæmatisis, nutrition and depuration, and besides in supplying elements for the gastric, hepatic, and sanguineous fluid.

### The Dispensary Physician.

By J. M. BOISNOT, M. D.

One of the Physicians to the Northern Dispensary, Philadelphia.

"The proper study of mankind is man;" and as he who bears the title which heads this article, is supposed to belong to that general class, it may not be amiss for us, in the beginning, to limit our studies to that which concerns us most; that commencing our charity at home, we may the better extend it, and at the same time carry out what appears to be the proper sequel to the poet's idea, the proper man to study is, thyself.

The position held by a Dispensary physi-



cian is not one of such standing, that I should seek to give it as a subject the præminence, but as each one of us sees different cases of disease, and perhaps uses different treatment, why not give a glance of comparison at the notes recorded in the diary of the brain, and see the result? Each one, as he travels from day to day among the poor and sickly of our city, should be a "chiel amang them a takin' notes;" and though it might seem useless, he should "prent 'em" too.

The medical knowledge of the Dispensary physician, as well as his experience, might be compared to fine gold dust obtained by washing,—there is so much work to be devoted to the acquisition of a small amount, but that small amount is of great value; let us then be careful that the valuable is not lost sight of, amid the masses which experience justifies us in neglecting. The principal points of interest connected with him, whom we have reduced to a subject, seems to be—the disadvantages, the advantages, and the position as benefactor to the destitute. We place the disadvantages first, because they are what we first meet with, when we enter the ranks to labor for the public good; and I have no doubt that many have thought for some time that it was all a disadvantage, especially if the life of an M. D. had always been looked upon as one of easy times, no trouble, and plenty of pay, the last perhaps being the most particular item.

The thought of entering the home of poverty, and attempting to allay the sufferings of a child whose light of life seems ready to be extinguished by the foul air, in which it is expected to burn brightly, has perhaps been first suggested by the reality; he who takes this post, had better shut his eyes to the niceties of the profession, and be prepared for the difficulties; they will come hand in hand, amid the urgent labors of the summer's day and the toils of the winter; he must expect to go at the call of the mother, whose child she and the women in the "coort" say has "wurrums," as well as to him who lies burning with the fever of over-exertion, induced by the labor requisite for the support and maintenance of his family; he will attend through the long

months of a chronic disease, and at last go unthanked away; he will often go in obedience to the request of some Irish mother, who speaks of her child as "jist kilt intirely with the throwing off which he tuk last avenin," and find in addition to his already wearied feeling, that he has been compelled to visit a child running about, and having but slight diarrhœa; or at night he may see a man suffering from cramps and rheumatism, and next morning find him breakfasting, on poor tobacco and still poorer whiskey; or, leaving this wretched class, he may visit some "corner house, second story front room, entrance at the side," where some young miss may decline his services, because she saw him as apothecary at the Dispensary one time in the past. Methinks he has an exalted opinion of himself and profession, as he walks away—not privileged to prescribe. These few examples may hold a place among the disadvantages attendant upon the Dispensary physician; they are little things, when viewed disinterestedly, but who of us has not felt them to be of considerable moment when they were enacted; they are the trifles met with in life, and the stumbling blocks in the pathway of science. Patience as a virtue, and *patients* such as all hope to have, who can rightly estimate a physician, will soon place us where these things will remain only as among those that were. The advantages arising from the Dispensary practice are, the medical experience we acquire in a comparatively short time, the knowledge of the most convenient form of medicines, as well as their effects, and the pathological information afforded by autopsies. Medical tact in treatment is an acquirement not easily attained among the refinements of the wealthy, and yet it is very important; there is much that we acquire, which nothing but the hospital could furnish; and I sometimes question, if even it would furnish a greater diversity of diseases than we see, individually, in our practice.

We have the privilege of noting the best combination of medicines, and can at any time step into the drug department of our institution, and compound for ourselves what

we have any diffidence in prescribing; it is thought by some that we have not as good opportunity for observing the effects of medicines in this class of patients, as among those who pay for services, for the reason that they are neglectful in remembering the orders, or irregular in fulfilling them. In but few cases have I found this so; and when it has occurred, it has not been very difficult to make my visits more frequent, and attend to it myself, which could not very well be done, where it is supposed your charges will be in accordance with the number of visits made.

If I have been impressed with one idea more than another, in regard to the kind of medicines to be employed in the treatment of this class of persons, and which I wish to suggest to my colleagues, it is to avoid those which have a tendency to impoverish rather than enrich the blood, to depress rather than elevate the powers of life; and when depletion is necessary, to give the preference to local instead of general.

In referring to the autopsies, I place them among the advantages in a pathological sense. We have been enabled to clear up many mysteries connected with cases that are so obstinately unyielding to treatment—the advantage extending through us to those similarly affected, subsequently.

That the Dispensary physician is a benefactor to the destitute, who will dispute? However unpleasant the task may sometimes be, who of us has not felt the inward feeling of satisfaction, and duty performed, as he has walked away from the hut of misery and sickness. By the dictates of reason we strive to alleviate the pangs of disease, and by the light of education and science attempt to replace it by health. Often we see our endeavors rewarded, and our hopes confirmed by recovery. This occurs alike with the poor and the rich; and though we should fail and death conquer, we know that, if we have done our duty, it is but the close of a life we could not lengthen.

The Medical Society of the State of Pennsylvania meets in this city on the 25th of May next.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

WEDNESDAY, MARCH 2.

*Bronchitis.*—A patient laboring under inflammation of the bronchial tubes offered an occasion for making some valuable remarks upon this disease. The term bronchitis has been restricted by several writers to the higher grades of inflammation of the bronchia; the term is applicable, however, to every shade of inflammation.

In its milder forms particularly, it is a very common affection; it is often designated as a *cold*.

It prevails most commonly during spring and autumn; cases, however, are met with at all seasons of the year. There has lately been quite an epidemic of the disease prevailing.

The general symptoms of bronchitis it is not necessary to repeat. The location of the pain of bronchitis and of pleurisy is often almost diagnostic of the two affections; in the former the pain extends across the chest, but in the latter is almost invariably felt under the nipple.

*The Physical Signs.*—In exploring the chest, the back part of the lungs should be preferred, owing to the larger mass of pulmonary tissue that we are able to sound.

The characteristic signs of inflammation of the bronchia are the sonorous, sibilant and mucous rhonchi: the latter is generally more distinct at the lower portion of the chest, in consequence of the mucus gravitating.

*Treatment.*—We must be altogether guided by the grade of the inflammation and the strength of the patient. Very few cases require bleeding from the arm: cupping is often eminently serviceable. If the inflammation is very high, tartar emetic may act beneficially as a potent sedative. The expectorants that have been found most useful are the syr. of squills, tr. of lobelia and pectoric. We generally order a mixture containing equal parts of the above, of which a teaspoonful may be given every two to four hours. Occasionally opium may be ordered with great advantage.

*Post Mortem—Tumor in the Brain.*—The following history of this interesting and valuable case has been furnished to us by Dr. A. H. Smith, Resident Physician to the Pennsylvania Hospital.

John B., aged 48, native of England, music teacher, entered the hospital Dec. 29, 1858.

Four months previous to admission he was suddenly conscious of a loss of power in his left side,

by the dragging of his left leg. He had been perfectly well before, though never robust. He was a man of temperate habits and regular course of life; of considerable education and natural ability. He had had no disease of any serious character; and his attack was not preceded by any apoplectic or epileptic seizure. This loss of power gradually increased, and with it an impairment of intellect.

When admitted he was emaciated, with a distressed expression of face. He was barely able to walk, his left leg dragging behind him. The whole left side was affected; his tongue protruded toward the right side. The only muscles of the left side not affected were those of the eyeball and lid. On the right side the voluntary power was unimpaired, but there was a partial loss of sensibility in the right side of the face. The right pupil was contracted more than the left, though the sight was good equally in both eyes. Bowels very costive.

About a week after admission the paralysis on the left side became complete, the sensibility of the right side of the face was entirely lost; though motion on the right side and sensibility on the left were unimpaired. Bowels obstinately costive; occasional nausea.

On the 27th of January he was attacked with erysipelas of the face, which yielded to treatment in about two weeks. At the same time his right eye became glazed, and an ulcer appeared on the cornea, which refused to yield to the most active treatment. The sight of this eye continued good until the opacity of the cornea interfered with the transmission of light.

On the 10th of February he became completely unconscious, and continued in constant stupor until the 27th, when he died.

His mind was gradually weakening from his first admission. The paralyzed side was always warmer than the other. There was throughout his disease, so long as he was able to express his feelings, a painful sense of constriction across the forehead. Appetite always feeble; bowels always obstinately constipated, even after the discharge of urine became involuntary.

There was never any rigidity of the muscles on the paralyzed side; no spasmodic action.

*Post Mortem Appearances.*—On the right side of the brain there was a large tumor the size of a pullet's egg, occupying the place of the right optic thalamus, which was almost entirely obliterated. The nature of the tumor will be determined by the aid of the microscope; it very much resembles an encephaloid tumor. Below the tumor there was a slight effusion of blood.

On the left side there was another tumor, smaller than the first, apparently an offgrowth therefrom: it was no doubt the pressure upon the fifth pair of

nerves of the left side that caused the paralysis of sensation upon the corresponding side of the face.

The above case is of value not only to the pathologist, but to the physiologist.

#### PHILADELPHIA HOSPITAL.

Reported by Thomas W. Foster, M. D.

Service of Dr. Penrose.

*Vaccination.*—According to previous arrangement, Dr. Penrose brought before the class a large number of children, some of whom had been vaccinated every day for three weeks previous to the lecture, thus exhibiting the vaccine vesicle in all its stages, as well as the influence exerted upon it by constitution or idiosyncrasy.

The lecturer referred to the history of smallpox, its terrors as a plague, the happy influence of the operation of inoculation in lessening them, since not more than one out of five or six hundred died after inoculated smallpox.

In the latter part of last century Dr. Jenner, a physician largely engaged in inoculating for smallpox, noticed that in certain agricultural districts many of the laboring class were incapable of receiving the disease. Upon further investigation, he ascertained that these persons attributed their immunity to a disease which they had received from the cows, in milking; which affection seemed to be constitutional, and gave rise to a vesicular eruption on certain parts of the animal; on the udders, these vesicles were ruptured in the act of milking, and their contents coming in contact with the hands of the milkers, produced sores of a peculiar character. After some further remarks upon Jenner's investigations on the subject, it was stated that the first operation for vaccination was performed in 1794, and that in a very few years it became universal. A drawing was here exhibited, one of three sent to this country by Dr. Jenner, giving a comparative view of the smallpox and cow-pox, in their different stages.

The experience now of more than half a century, proves that vaccination is not a perfect protection against smallpox; perhaps about half of all those vaccinated are *absolutely* protected, the other half being, after the lapse of a variable period, liable to a modified form of smallpox.

There are two methods of vaccinating, one from the recent scab, the other from the lymph taken either directly from the vesicle on the arm, or carefully preserved on points or threads, or glass. Dr. P. generally preserved the fresh scab. The operator can not be too particular about the cleanliness of his lancet and glasses, the accidents following vaccination almost always depending on carelessness

in this respect. The best age to operate is from the fourth to the sixth month; the preferable season, spring or fall; during teething it should not be attempted, unless urgent necessity exists.

Two children were now vaccinated, one from the scab, the other from the vesicle from the arm, and the different operations described. Occasionally we meet with individuals who seem unsusceptible to vaccination from the scab, in such cases we should always use the matter from the fresh vesicle. Should this attempt fail, the presumption would be that the individual was unsusceptible to small-pox.

Fifty children were now introduced, and the different phases of the vaccine disease carefully pointed out, the lecturer calling the attention of the class to the modifications produced by constitution and idiosyncrasy.

The lecture was concluded with some remarks on re-vaccination, in which it was advised always to re-vaccinate in epidemics of small-pox, especially the young, from 10 to 25 years of age.

#### PENNSYLVANIA COLLEGE OF DENTAL SURGERY.

Service of Dr. Suesseroth.

*Extraction of a Tooth from the Antrum.*—Mr. Herman Rottenstein, a member of the class, presented himself to be operated upon for what appeared to be a tumor or a tooth of the superior maxillary. Externally it was nearly of the size of a half hickory nut, and situated above the right lateral incisor, and immediately below the right alar nasi. The right central incisor was wanting, and he does not recollect whether it ever appeared. After he was sufficiently etherized, an incision was made through the soft parts to the alveolus, and the part laid open. A chisel was next used to remove the alveolus, but it was necessary to remove but little, as it was very thin. There was now seen what appeared to be the root of a tooth; this was laid hold of with a sharp forceps, and extracted without much difficulty. This was the right central incisor, and had a very peculiar shape. About one-third way up the fang from the neck of the tooth it turned directly backward and entered the antrum—the crown of the tooth being at right angles with the fang.

This case had been examined by a number of eminent dentists and surgeons, both in this country and in Europe, and pronounced by some to be a bony tumor, and by others a tooth. Some who probed it were of opinion that it was a tumor, from the fact that the resistance given to the probe was not smooth, like the enamel, but rough, like a bony tumor.

There is another fact worthy of notice, which might have led some to believe it was a colloid

cancer, had it been probed so as to give vent to some of the gelatinous fluid which came out freely after the operation. This case is interesting, not only from the peculiar shape and position the tooth took, but from a difficulty to arrive at a true diagnosis.

Service of Dr. Goodwillie.

*Abscess of the Antrum of Highmore.*—Mrs. H. B., aged about 40 years, has a discharge of pus from the right nostril; has also had severe pains in the upper part of the alveolus of the right side of the face, extending to the lower part of the orbit, ear, temples and muscles of the cheek. Her health has suffered a good deal in consequence. About five months since an unsuccessful attempt was made to extract a molar of that side. Two months afterward, the discharge of pus commenced from the nostril.

*Treatment.*—The decayed teeth and fangs were removed, and as no opening appeared from their sockets to the antrum, one was freely made through the palate bone, by the socket of the second bicuspid, with a sharp trocar. A mixture of water, tincture of myrrh and kreosote was introduced into the antrum with a syringe. The opening into the mouth is kept open by a bougie, for the escape of the pus. As the patient is weak, tonics are given to support the general health. This case, although a severe one, is progressing favorably.

### Medical Societies.

#### NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, NOV. 26th.

Dr. Mayburry, presiding.

*Subject for Discussion*—TYPHOID FEVER.

This subject was again brought up by request of many members.

DR. L. P. GEBHARD volunteered a paper, giving some of his views upon the subject. Of this we give the following abstract.

DR. GEBHARD remarked that the name *Enteric fever*, as given to this disease by Dr. Wood appeared inappropriate, inasmuch as the symptoms which manifest themselves early in the disease indicate that it originates within the parietes of the abdomen. Although the symptoms are somewhat different from those of ordinary enteritis, still dissection shows not only a diseased state of the glands of Peyer, but also of the whole intestinal canal; even the liver, kidneys, lungs and brain show a participation in the same diseased action. It is a fever of a peculiar



character, both in its incipient stage and in its entire progress. It makes its appearance in a very insidious manner, being often so slow and mild in its symptoms as to deceive both the patient and his friends as to its formidable nature. When fully formed it is equally deceptive, and, if not simultaneously, is gradually and consecutively involving almost every organ in the body, from the brain to the kidneys and bladder. It is, therefore, a disease which requires not only strict scrutiny in the investigation of its symptoms, but also the most mature reflection and consideration of the physician, in order that he may properly and effectually treat it.

As to its diagnosis, it seemed to him clear that its insidious and mild attack, together with its complications in its progress, and its ultimate protractedness, would enable us to decide, without much difficulty, the nature of the disease. Concerning the prognosis, more difficulty exists; the sudden transitions which sometimes unexpectedly occur, in the progress of the disease, render any opinion uncertain.

*Treatment.*—In this portion of his remarks, he would merely allude to a few cases among many that have fallen under his care, without pretending to give an account of all the symptoms connected with each particular case.

Nor would he allude to any cases which occurred in his early practice, when the disease was denominated *nervous fever*, although the same complications and protractedness existed then as now; though he was persuaded that the same prostrate state, or that which would be properly called the *typhoid* state, did not then exist to the same extent as at present, and consequently the same treatment, to a certain extent, was not required.

A young man called at his office, Nov. 30th, 1850; he had been complaining for several weeks of debility, loss of appetite, diarrhoea; his muscular strength, however, still enabling him to walk about; skin hot and dry; headache, pulse 120, tongue furred. Dr. G. advised a recumbent posture immediately, and from that time attended him for five months, through the mazes and sinuosities of a most perplexing attack. During this period the brain, lungs, liver, kidneys, and bladder, became consecutively involved; the fever was first continued, and then remittent. He took calomel in small doses, and as soon as the remissions appeared, sulphate of quinia was employed. During the course of the disease he became quite oedematous, when the calomel was again exhibited in  $\frac{1}{2}$  grain doses, till slight ptyalism ensued, when the oedema disappeared, and convalescence immediately succeeded. The protractedness did not arise altogether from the inability to relieve the symptoms, as, in several instances, he was apparently convalescent, and then

some inadvertence, such as a little exertion, or improper food, would cause a relapse. The peculiarity, in this case, appeared to be the great susceptibility to frequent relapses, which may be in some measure accounted for from the fact that the whole alimentary canal is affected by disease; which is evinced by the furred tongue, loss of appetite, nausea, tenderness and pain of the abdomen, and diarrhoea, all which indicate that the whole mucous lining of this canal is more or less diseased, from the very commencement. This diseased action becomes gradually seated, and so incorporated with those parts, that it requires a length of time to restore them to their normal state. Until this is effected, the least impropriety is capable of producing a relapse, which could hardly be produced in ordinary cases, or where the change from health is more sudden.

Aug. 30th, 1851, a case presented itself in a lad  $\text{æt. 13}$ , and which continued until Nov. 11th, ere he became convalescent. Three days afterward, a younger brother, aged about 11 years, was attacked similarly, and remained ill till Feb. 13th, 1852. The latter did not contract the disease from his brother, as he first became indisposed in the country. Both recovered, and with constitutions both mentally and physically better than they enjoyed prior to the attack. This fact he mentioned, as it has been supposed that such protracted cases, where the brain was so much involved, were liable to result in deterioration of the energies, both mentally and physically, so as to continue during life. The treatment was similar to the first, varying, of course, as symptoms might require: commencing, however, with calomel, as the sheet anchor in this formidable disease. From the light-colored and peculiarly offensive discharges, we can see that the liver is materially affected; not secreting a sufficient quantity of bile to enter the bowels and stimulate them to a healthy action. This evidence of the improper action of the liver has induced Dr. G., usually, to commence with mercury.

If now called upon to visit a patient laboring under this disease, his course would be something like the following. If diarrhoea was present, he would order  $\frac{1}{2}$  or  $\frac{1}{4}$  grain of calomel every two hours till the discharges became less frequent and offensive, and darker. Should the diarrhoea still continue, after 3 or 4 grains had been taken, he would add as much opium as might be required to check it. This being accomplished, he would employ febrifuges, as nitrate of potassa, neutral mixture, spt. of nitre, etc. If pain and tenderness of the abdomen supervened, and the state of the system would warrant it, cupping might be employed with great advantage, taking from 4 to 6 ounces of blood; leeches might be applied, if the patient ob-

jected to cups. In many cases, however, sinapisms if applied early, followed by hop poultices have been found useful and sufficient to entirely relieve this symptom. Pain in the head is frequently complained of, and if the pulse is strong and fever high, bleeding will be beneficial. Often, leeches applied to the temples are sufficient, in conjunction with purgatives. Ice in a bladder to the head is frequently of immense service. If the patient complains of pain in the regions of the kidneys, a sinapism over the part, or a few cups, will produce the desired relief. Again, we may have a very irritable bladder with difficult micturition, the urine being passed in small quantities, here we may have recourse to diuretics, and counter irritation over that region. In about a week or ten days if the disease continues to increase, a dry and dark tongue not unfrequently succeeds the previously moist tongue, denoting thus the commencement of the typhoid state. In such a case, the oil of turpentine has been used with signal success, and sulphate of quinia will be found advantageous should a remission occur. In this stage of the disease, Dr. G. much prefers quinia and oil of turpentine to the use of alcoholic stimulants, as the latter are apt to affect the brain injuriously. Should the system become very low, we may be compelled to resort to such stimulants, and often find good results. Yet such prostration seldom occurs in a real case of typhoid fever.

Dr. FORT particularly noticed one symptom, the subsultus tendinum, as enabling him to determine at an early stage the character of the disease. This he rarely failed to observe. In a short time meteorism set in, together with diarrhoea, and other peculiar typhoid characteristics.

Dr. J. R. BRYAN thought that if stimulants were employed, *alcoholic* preparations were not the best, and he was therefore much pleased with the views on that point expressed by Dr. Gebhard.

Dr. CURTIS asked if enteric fever was the proper name, and whether the disease of the glands of Peyer is the disease itself? We are taught, it is true, to look to the bowels for the disease, but he was not satisfied that this was entirely correct. A paper appeared some time ago, in the *Lancet*, which stated that those cases were generally fatal in which diarrhoea appeared at the commencement, and conversely, a more favorable result followed, when constipation was present. The reason for this may be, that the diarrhoea produced more debility. One curious idea he remarked upon, which was, that when we have diarrhoea we are apt to give calomel and blue mass to produce an action of the liver, and thus arrest the discharge; yet, when the patient is costive, we again resort to blue mass and calomel to produce action of the liver, and induce a relaxation of the

bowels. Concerning the treatment, he thought that the less we do the better for our patients, with the exception of sustaining the system early, when circumstances would seem to require it; we might even bleed, cup or leech, but there should be strong indications before we have recourse to depletion in any form. He would rather employ tonics. In fact he questioned the efficacy of medicines in this disease. There appears to be but little absorption, and various articles do not seem to produce the same effect noticed in other diseases.

Dr. OSLER believed that the time had not yet come when we could determine precisely the cause of the group of symptoms which we call typhoid fever. These symptoms run a certain course, and the disease is a formidable one in a large majority of cases. He did not consider any treatment applicable to all cases, though there are a few remedies which he considered as peculiarly serviceable in this disease. He had seen gratifying results from the application of cups to the abdomen; even dry cups being often all that was requisite. For the pulmonary affection, the muriate of ammonia was of great service. At one time he relied much on the black sulphuret of mercury, and thought it a valuable remedy. Latterly he had employed, with much success, opium, sometimes combined with ipecac. With this combination, which he thought excellent, he had obtained the happiest results; particularly was he pleased with its effects upon the brain, producing less cerebral disturbance than he had anticipated. If we had for typhoid fever such a remedy as quinia is in intermittent, it would certainly be a source of much gratulation. He was led to this remark by the fact that there was a remedy, for which this specific power is claimed, and which he had employed in one case with exceeding good results. This is the *yellow jessamine*, of which he employed Tilden's tincture in doses of five drops.

In other diseases, he had been pleased with its speedy effect in reducing fever. In the case mentioned, he had continued it throughout, and thought it had a peculiar control over the febrile disturbance. Of course, one case was not reliable as evidence in a matter of so much importance. Dr. Jackson had written a little work, in which he stated that he considered active vomiting of much value in this disease. Dr. O. had come to the same conclusion, that the best thing in the outset, are active purging and vomiting.

Dr. DEMMÉ mentioned that at the Pennsylvania Hospital, he had seen several cases, under the care of Dr. Wood, who had their heads shaved and blistered; having been on entering, in a comatose condition. The blister had great efficacy in rousing them from this stupor, while at the same time, all the other symptoms improved. In each case the entire scalp was blistered.

DR. WOODWARD had noticed in a portion of the remarks, a reference to the pathology of this disease and as he had given some attention to this part of the subject, in the course of his examinations, he felt called upon to give his contribution to the general fund. He would call attention to the question of the genetic relation of typhoid and typhus, and these again to the plague. Rokitansky and other pathologists were disposed to look upon the essential condition of these three diseases as the same; the symptoms differing merely according to the seat of the lesions. There is a deposit of a peculiar grayish white matter in the glands, preceding the ulceration. This is composed of a transparent matrix, in which are numerous globules of fat, which are most numerous, when softening has progressed to some extent. These are similar to what is observed in encephaloid cancer &c. Rokitansky asserts that in plague and typhus fever, we have this same deposition. In plague in the superficial glands of the groin and axilla; in typhus, in the bronchial lymphatics, and even in the lung itself. In several examples of typhus, Dr. Woodward had found this deposit in the bronchial glands, but never in the lungs. However, the fact of Rokitansky having observed it there, is sufficient. The relation existing between these diseases is the same as that of scrofula and phthisis. Another point he would remark upon, was the sequelae of the disease. In the Philadelphia Hospital he had seen about twenty cases. In two, he had found a deposit of tubercles in the lungs and brain, terminating fatally in a short time.

Another sequela has been mentioned, a peculiar affection which is alluded to by Rokitansky. The patient is convalescent, going about the house, when suddenly there are noticed spots of *purpura* making their appearance on various parts of the body; these must not be confounded with petechiae. Hemorrhage occurs from the mouth, gums and bowels, and if not arrested by active means, death speedily ensues. Quinia is relied upon in such instances. This had been observed in the southern part of the United States, and in Germany.

DR. WITTIG thought he had succeeded in causing this disease to abort by the employment of calomel. Emetics might be applicable early in the disease, to clear out the bowels, where there may be present some injurious matters. He instanced an occurrence in Switzerland, where, at a festival, over 500 persons were suddenly taken ill with typhoid fever, after having partaken of some stale meat, and many died. On dissection, they exhibited changes throughout the entire body, as a result of the morbid injecta. Here no doubt emetics would have been eminently serviceable.

Is this disease contagious? We know it is infectious. It does not protect the patient from a second

attack as in known contagious diseases, but rather render them more liable. The ulcerations are not the result of inflammation, but of a deposition below the mucous membrane, an infiltration of the parts; we may have congestion and subsequent inflammation, but not generally. He had tried injections of nitrate of silver in cases of ulceration, but not as an antiphlogistic, merely as an astringent, to heal the parts. Occasionally, he used acetate of lead with great benefit, and others have employed tincture of iron.

DR. J. R. BRYAN would ask Dr. Woodward what practical deductions he made from his observations. Are these appearances, etc., the cause or the result of the disease? DR. WOODWARD replied that he had not the slightest idea that the local lesions are the cause of the fever. Rokitansky says typhoid fever is a disease of the blood, and the deposition is a result of that modification of the blood, the same as in carcinoma, and other deposits. Dr. W. had seen, four years ago, a large number of patients in Edinburgh, laboring under typhoid and typhus, all placed together in the same wards indiscriminately, in the Royal Hospital. They were considered as the same and treated alike, alcoholic stimulants being largely employed.

DR. WITTIG, having been a student of Professor Henlé, who was an adherent of the stimulant method, observed that even he had used calomel largely in these cases. Stimulants will not generally do at first, but are better at a later period. Good nourishment is of the greatest importance, and he preferred wine and broth, with quinia to arouse the system.

DR. OSLER had long been accustomed to restrict his patients to the very lowest possible diet. Some years ago, a gentleman read a paper before the American Medical Association, in which he strongly insisted on *nutritive diet*, and especially those articles which require mastication. It seemed, according to him, important that all the functions should be kept going on. This had been acted on by some, and with good results. Dr. O. had followed this plan, when his patients were in a condition to masticate, and it had produced good rather than harm.

DR. CURTIS had read this paper, and tried it in the case of a strong young man, who had been sick about ten days. He was in a stupor, and Dr. C. gave him *beef steak*, cut fine, and he masticated it well. He had not taken this many days, before he was anxious for the time to come when he was allowed his food. He took quinia, blue mass, and opium. A consultation in this case was held with Dr. Goddard, who agreed to the use of the steak. Dr. C. never saw a patient with typhoid get up more rapidly; when the fever was spent, he got well all at once. It might have been owing to the constitu-

tion of the patient, but Dr. C. was inclined to believe in the beef-steak.

DR. DEMME had always given sufficient nourishment, and this seems but reasonable; the fever being one of an adynamic form, we should by every means keep up the strength. He gave albumen itself, and various preparations containing it, beef essence, quinia and iron in large quantities. He never saw great depression, and all his patients with this disease recovered rapidly.

DR. MAYBURY repeated what he had said on a previous occasion, that he was exceedingly rigid in reference to diet, throughout the progress of the disease, and believed it bad practice to give, in the beginning of an attack, solid food, which requires mastication. Even later, in the course of the disease, where stupor and other cerebral symptoms exist, (which is not unfrequently the case,) there is an utter inability to masticate. Besides, in the early stage, when there is considerable fever, he generally found a loathing of food, and the patient would not take it when offered. In this, which may be called the inflammatory stage, he usually gave food that was simple and unstimulating, easily digested, and fluid in its character, such as mucilaginous drinks, and the various farinaceous articles. Later in the disease, as the patient requires and craves it, he gives broth of chicken, mutton, or, preferably, beef-essence, and gradually ventures on these latter articles in substance. His invariable rule, however, is, throughout the course of the disease, to select such articles only as are most easily digested, and that form the least amount of excrementitious matter.

In illustration of the injurious effects, even in convalescence, of unsuitable food, and over-indulgence, he related a case which occurred nine years ago. It was a mild attack, yet all the symptoms which are regarded as pathognomonic were present. The disease had run its course regularly, and the patient was apparently convalescent; the fever had subsided, the pulse had become natural; tongue clean and moist, the diarrhoea ceased, his appetite had returned, and every thing seemed to favor a speedy and perfect recovery. His food had consisted, up to this time, mainly of the feculæ, with broths. One day having expressed a great desire for a pigeon, he was allowed the broth of it to begin with. But on the Doctor's visit on the following morning, he was surprised to find that his patient, not satisfied with the broth, had "finished it to the bones," and remarked that he had made a "glorious meal" of it. At that visit slight excitement was observed, and in the afternoon of the same day a severe pain set in, which became excruciating, and was confined to the triangular space embraced between lines drawn from the xiphoid cartilage to the

umbilicus, and the margin of the lower rib, on the right side.

By request Dr. Janney was called in consultation, but neither he nor Dr. M. could account for the symptoms presented so suddenly. Diarrhoea returned, accompanied with alarming hemorrhage, and profuse sweats. Prostration and death ensued. An autopsy was made by Dr. H. H. Smith, in the presence of Drs. Janney, G. W. Patterson, and the speaker, &c. At the seat of the pain nothing was found to account for it. A number of ulcers, principally in the ileum near the ileo-colic valve were observed, some of which had penetrated to the peritoneal coat. They were satisfied that the hemorrhage came from one or more of these ulcerations, as they looked as if they had been nearly healed, and their surfaces again irritated by something passing over them. All the blood found in the intestines was also below these points. Dr. Smith related at the time a somewhat similar case which had occurred in his practice, and in which he attributed the fatal termination to over-indulgence in oysters, after convalescence had been apparently established.

Mercurials, he thought, answered very well in the early stage, but his experience was opposed to that of his friend who read the essay: in his (Dr. M.'s) hands they did not check the diarrhoea. So also in regard to purgatives. He would be afraid to resort to these even though the brain was involved. He usually found a great susceptibility to their action. He said that he had observed this susceptibility in a greater or less degree during the present season; that even in other diseases purgatives operated freely and in astonishingly small doses. With the views, therefore, that he entertains of its pathology, he doubts the propriety of the free use of purgatives under any circumstances. He believed that the lesion in the intestinal canal was one of the principal anatomical changes. The spleen was also very often involved, being found enlarged, and softened. So the mesenteric glands. There is no question but that bleeding may be proper in certain cases.

In reference to the subject of contagion, he remarked, that he had never known it to be communicated to the attendants, or to have become the centre or point for the extension of the disease: whereas the reverse was observed in typhus, yet, under peculiar circumstances, a number of cases may occur consecutively in the same family or vicinity, the same causes that produced the one, remaining operative and producing the others.

DR. CURTIS thought in the case mentioned, the eating was an overdoing of the matter. The patient had shown too little care in taking so much. No doubt, it passed out of the stomach, in an undigested



condition. In cases of dyspepsia, etc., we often find the patient digesting solid food, when broth is not acted on by the stomach, and this argument would apply here. When food is not digested in these cases, loathing of that article is observed afterwards. But in the case, where the beef steak was given, the patient always afterwards declared that beef steak was the best thing in the world.

DR. BRYAN thought diet an important thing. We often fail by not directing sufficient attention to the nutrition. Many, doubtless die for want of it. We have no guide, but must allow common sense to govern us. He believed that he had known cases that had died, when they had craved food, but the attendants were afraid to give it. We should listen to the animal instincts which will often serve as sure guides.

Concerning venesection, he would say that patients seem different from former times, and we should be careful in this respect, at least, not to premise with venesection, unless there was very great congestion of the lungs or brain. He had never seen it present the appearance of contagion.

DR. WOODWARD, in allusion to the use of albumen as nourishment in such cases, said that it was formerly believed to be digested in the stomach. A year ago, the French Academy had found that when it was perfectly homogeneous it was digested in the stomach, and part absorbed, while part passed on, and absorption went on through the whole length of the tube. But when the food was complex, like beef steak, the larger part of the meat passes down from the stomach undigested.

DR. DENNÉ gave, as his reason for giving albumen, that he desired digestion to take place wholly in the stomach, and thus spare the intestines. Farinaceous articles were therefore contra-indicated, as they are affected by the whole intestine.

DR. WITTIG, concerning the feeding of patients, argued that we must attend to the bladder and draw off the urine, as the patient does not know its condition, or make it known, and, on the same principle, we should attend to the nourishment.

DR. MAYBURY by no means wished to be understood as starving his patients, but always adapted the character and quantity of food to the particular condition of the patient. If they require support, he gave them the best diet, and in what he believed the most nutritive and concentrated forms.

Adjourned.

A Medical and Surgical History of the British Army in the Russian War has been published by the British Government as a blue-book. The first volume gives a medical history of the individual corps; the second, an account of diseases, wounds, etc.

## Reviews and Book Notices.

ESSAY ON THE TREATMENT OF CATARACT. By MARK STEPHENSON, M. D., Surgeon to the New York Ophthalmic Hospital, etc. pp. 26.

This is an essay in pamphlet form, with five lithographic drawings, extracted from the last volume of the Transactions of the American Medical Association. It is a valuable production, giving the author's opinions, deduced from extended observation, on some of the controverted principles in the treatment of cataract, and a condensed statement of the most modern views of the subject. Dr. Pancoast's method of operating is detailed in full.

Copies may be had in this city by applying to Mr. Watson, Janitor of the Jefferson Medical College.

Price 25 cents — proceeds of sale to be applied to the benefit of the Hospital.

We have received the following prospectus :

"The Philosophy of the Natural Language of Forms. By J. F. G. Mittag.

"An original work under the above title, in one volume octavo of about 400 pages, will be published whenever a certain number of subscribers shall have been obtained. It is an analysis of nature into her simple forms, and an exposition of the laws by which she is governed in composing her different means of addressing us. The theory being new, and involving a vast extent and a great variety of scientific, æsthetical and historical matter, illustrated by 150 drawings, including the heads of different animals, as well as those of some of the most remarkable men of ancient and modern times, is eminently calculated to interest every class of readers.

"Appended also to the work is a brief of the craniology and physiognomy of animals and men, by the ancient Greek and Roman philosophers, containing the principles upon which their wonderful words of art were composed. Price \$2.50."

Names of subscribers can be forwarded to the author at Hagerstown, Maryland.

*Municipal Meanness.*—It has been recently ascertained that the orphans and foundlings under the care of the city of New York, who are given out to be nursed at one dollar a week, are generally starved or drugged to death with narcotics, by their nurses.

## Periscope.

### FOREIGN TRANSLATIONS.

From the German, by THEODORE A. DEMMÉ, M. D.

*Atropia in Epilepsy.*—Dr. Max Maresch (*Wienztschr.*), Physician to the Vienna Hospital for the Insane, gives a favorable opinion in regard to the efficacy of atropia in epilepsy. He was induced to make this therapeutic application of the alkaloid in consequence of the known effects of belladonna upon the vagus, accessorius, sympatheticus and trigeminus. We are inclined to think that this application of the atropia was an original suggestion—an idea—not a deduction wrung from certain fixed facts as premises.

M. M. prescribed the atropia in 18 cases; 3 were completely cured, and 13 much improved, the attacks being less frequent and violent.

The  $\frac{1}{50}$  of a grain was given every morning before breakfast for a period of from 60 to 90 days—an intermission of 30 to 45 days allowed to the patient, and then the medicine again prescribed. It is important that the patient use neither coffee or cocoa, as the active principles of these counteract the physiological effects of the atropia.

In the above dose the usual symptoms of belladonna were produced—the dryness of the fauces, difficulty of speaking, dilatation of the pupils, and, in three cases, a roseoloid exanthem.

*Detection of Arsenic in the charred remains of a body.*—Dr. Schäffer, in the *Vjhrschr. f. ger. Med.* relates the following:

A woman, æt. 40, who had lived in constant strife and wrangling with her husband, died under very suspicious circumstances. For some time previous to her death she had been laboring under a constant diarrhœa, and was tormented by an insatiable gnawing hunger. Suddenly her symptoms were aggravated, frequent vomiting set in, and finally, amid the most terrible agonies, her soul was torn from the miserable frame.

The husband hearing that a judicial investigation would be made into the cause of his wife's death, set fire to the house, in order that it might be the funeral pyre of the corpse. Nought but a blackened and charred lump remained of what was once a human being; but, in this loathsome, shapeless mass, one organ remained untouched, and that was the *stomach*,

and through the chemist, this stomach gave the evidence that arsenic had been given, and, in consequence, the woman had died.

*Cure of Syphilis by Vaccination*—Think of something strange—something wonderful—something impossible, and during your own lifetime you may find your most hazardous conceptions transcended by reality.

If, a week ago, the idea had occurred to us of vaccination (not syphilitic inoculation) possibly curing syphilis, we would have given a hearty laugh, and yet we now write the following:—

J. Lukomski (*Gaz. des Hôp.*) has made the discovery, that vaccination protects not only against variola, but against syphilis.

A very short and meagre account is given by the discoverer, who has, however, promised the Academy of Sciences at Petersburg, and the Academy of Medicine in Paris a communication detailing his views and experiments.

*Applications of Collodion.*—Dr. Innhauser has, during the last two years, used as a local application in erysipelas a mixture of ol. ricini and collodion with the most favorable results; the spread of the disease is arrested, the oedematous effusion prevented, and the course of the disease much less protracted.

Another application of the collodion ricinatum, is made in cases of umbilical hernia in children; steadily, for weeks and months, the skin over and around the hernia is coated with this flexible artificial cutis, with the effect of causing a restoration of the hernial protrusion, and a complete closing of the umbilical opening. During the progress of the case, it is important that the bowels are regularly evacuated, that there may be no gaseous accumulation; crying or screaming by the patient must be carefully prevented.

Finally, a valuable application of the collodion is made in *nævi materni*. For this purpose 4 parts of corrosive sublimate are added to 30 parts collodion, forming the so-called collodion corrosivum; under this application the affected parts are restored to their normal state, without even a scar being formed.

*Another Death from Chloroform* is reported by Dr. Avery, in the *Buffalo Medical Journal*. The operation was amputation of the thigh. Labored breathing and partial failure of the pulse occurred in about one minute after the administration commenced, and the patient died in twenty-five minutes.

From the French, by CH. F. J. LEHLBACH, M. D.,  
of Newark, N. J.

*Oxygen in the Blood of Glandular Organs.* By C. BERNHARD.—Bernhard has brought before the Académie des Sciences (Sep. 6, 1858) his researches in the quantity of oxygen which the venous blood of glandular organs contains in a state of functional activity, as well as in a state of rest, and on the employment of carbonic oxide to determine the proportions of oxygen in the blood. We take our abstract from the *Gaz. Hebdom.* of Sept. 17th.

The use of carbonic oxide, in determining the quantity of oxygen contained in the blood, is based upon the energetic affinity of the former of these gases to the red corpuscles of the blood; such is this affinity, that it is enough to treat the blood with a sufficient quantity of carbonic oxide, in order to liberate all the oxygen retained by the globules. In applying this means of analysis to venous blood of glands, which, according to his latest researches, is red in a state of activity and black in a state of rest, his aim was to determine whether the red venous blood of glands contains as much, or more oxygen, than the black venous blood of glands. The question must be put in these terms, because two hypotheses could be made regarding the cause of the vermilion coloration of the venous blood of a gland in functional activity: It might be thought that the blood was simply arterial blood, which had traveled through the capillaries with a rapidity so great that it had not had time to free itself of its oxygen, and take carbonic acid gas in its place; but it can just as well be admitted, that the red venous blood is ordinary venous blood, with this difference, that it has not remained black, because, it being formed in the moment of secretion, it has by the glandular secretion been deprived of its carbonic acid, which otherwise would have rendered it black, just as when the gland does not secrete and the carbonic acid cannot escape.

An experiment made on the blood of the renal vessels in a dog gave the following result:

	Volumes of Oxygen.
Red venous blood,	17.26
" arterial blood,	19.46
Black venous blood,	6.40

In a second experiment 16 in 100 of oxygen was found in the red venous blood of the kidneys, 17.44 in the arterial blood of the aorta, and 6.44 in the venous blood of the vena cava.

The red venous blood of the kidney (and it is presumable that it is the same in the blood of other glands) differs, hence, from ordinary venous blood, in this, that it has not, so to speak, deoxydized itself; and thus the first hypothesis is verified, because this blood has retained the character of arterial blood. However, though this is true as regards the proportions of oxygen found, the proposition is not absolutely true. This red venous blood of glands contains much less fibrine, and less water, than the arterial blood, and it shows itself always more alterable, that is to say, it becomes black much quicker when it has been withdrawn from the vessels.

However this may be, continues M. Bernhard, we see this very singular fact, that it is precisely during the period of functional activity that these glands let the red blood pass through them without deoxydizing it, and also, that while they are inactive, and expel no product whatever, the blood passing through them is black, deprived of a great portion of oxygen, and charged with carbonic acid gas. Here presents itself anew that opposition between the glandular and muscular system, to which I have already so often called attention. In the muscles the venous blood becomes darker and more and more deoxydized, in proportion as the organ has been active, and has undergone energetic contractions; in the glands, the blood becomes red and less and less deoxydized, in proportion to functional activity. But must we consider this opposition in these phenomena as the proof of a radical difference in the processes of nutrition and functions of glands and muscles? In one word, can we say that, while the muscles consume oxygen in direct proportion to their functional activity, it is just the opposite with glands? or must we not, rather, in the face of this singular conclusion, conceive doubts as to the correctness of our manner in defining the functional conditions of glands? This will be my opinion, and I think that these researches lead to a different interpretation of what has been called the state of rest and the state of function of glands, and they have led us to make a distinction between a condition of *chemical*, and another of merely mechanical activity.

*Getting at the Root of the Evil.*—A writer in the Buffalo Medical Journal reports an operation of castration by a botanic doctor, both testicles being removed, for the cure of spermatorrhea!

## Medical News.

The establishment of Government Medical Schools, for the education of Army Surgeons, is being advocated in England. A committee of the Sanitary Commission reported favorably of the subject, and an institution of the kind is to be started at Chatham. Some of the public papers argue that the medical education ordinarily given to civilians is not suited to the exigencies of field service.

**Commencements.**—The Commencement of the Medical Department of the New York University was held on Friday evening the 4th inst., on which occasion the degree of Doctor of Medicine was conferred on one hundred and twenty-eight young gentlemen by Chancellor Ferris.

The Mott Prize Medals were awarded as follows:—The gold medal to Mr. George K. Smith, of New York; the silver medal to Mr. Luis Fernandez, of New York; and the bronze medal to Mr. Benjamin W. Sparks, of Georgia. The Metcalf prizes were thus awarded:—a valuable microscope to Mr. Peter Bryce, of South Carolina; and a case of *post mortem* instruments to Mr. R. F. Hawthorne, of Alabama. The valedictory was pronounced by Prof. Draper.

**The Medical Department of Pennsylvania College** held its Commencement on Saturday last, on which occasion the degree of Doctor of Medicine was conferred by the President, Rev. Dr. Baugher, of Gettysburg, on thirty-three young gentlemen, in presence of a large and respectable audience. Dr. Gilbert pronounced the valedictory, which was an able and elegant production.

Dr. R. B. Simmons, of Brooklyn, has been appointed by the Board of Foreign Missions of the Reformed Dutch Church, a missionary to Japan. Dr. S. leaves a growing and remunerative practice in Brooklyn. He will find in Japan an immense and very important field of labor and usefulness.

A druggist in New York has recently been prosecuted for damages by a customer who got some vapor of ammonia in his eyes while looking at the former remove the stopper from a bottle. The jury, who, it may be supposed, kept their eyes shut during the trial, for safety, awarded \$250 damages to the plaintiff! but a higher court has since reversed the decision.

Chloroform has been administered *thirty thousand times* in the hospitals of London during the last ten years, for the performance of surgical operations.

A London ear doctor, who promised to "cure deafness in ten minutes," has been compelled to refund his fee, and committed to prison.

There are forty-one medical colleges in this country.

**Post Office Delinquencies and Delays.**—Remittances of money have failed to reach us of late, from Missouri, Iowa, New York, city and State, Canada, and, we have reason to fear, from other parts of the country.

Some of our subscribers complain of delays in receiving their journals. Subscribers in Camden, even, just across the river, we learn, do not receive the REPORTER sometimes till *the middle of the week following its issue*. The fault is not ours, for we mail the REPORTER regularly to subscribers on Friday evening or on Saturday morning, and many of them should receive it either on Saturday or Monday.

The same complaints are made in this city by subscribers who receive the work through Blood's Dispatch. Every Philadelphia subscriber should receive it on *Saturday*, and if any fail to do so, they will oblige us by informing us by note or otherwise.

**Erratum.**—In p. 409, 2d column, near the top, of our last number, for March 5th, for "Salter," read "Sutton." This correction derives more importance from the fact that Dr. Sutton is the authority who claims to have cured *every case* of delirium tremens among upwards of seventy instances.

## MARRIAGES.

**BISHOP—LINDSAY.**—In Worcester Co., Md., Feb. 16th, Geo. W. Bishop, M. D., to Miss Cora A., daughter of M. N. Lindsay, Esq., all of the above county.

**FISLER—DINMORE.**—On the evening of the 3d inst., by Rev. Dr. Garrison, Mr. Walter Dinmore, of this city, to Miss Abbie R., daughter of Dr. L. F. Fisler, of Camden, New Jersey.

**GREEN—GREEN.**—At the residence of Col. J. Thompson Green, near Bishopville, Sumter District, S. C., by Rev. Henry D. Green, Dr. Chas. H. Green, of Ellaville, Schley Co., Ga., to Miss Elizabeth Jane Green. *Green decidedly!*

**WOODS—HOPKINS.**—On the 22d of February, by Rev. R. M. Wallace, Dr. Eli A. Woods, of Eakin, Allegheny county, Pa., to Miss Elizabeth Hopkins, of West Brownsville, Washington county, Pa.



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